



# VetFund Donation Form

I pledge to help support the VetFund of CDVA Mission to meet the growing needs of California veterans.

Please complete this section or attach a business card.

Name: Mr. / Mrs. / Ms. \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of donor(s) as it should be acknowledged: \_\_\_\_\_

Enclosed is a donation of \$ \_\_\_\_\_

## *Payment Options:*

I would like to donate via credit card:

Bankcard Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ MasterCard \_\_\_ Visa \_\_\_

Cardholder Name (please print): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I pledge \$ \_\_\_\_\_ over a \_\_\_\_\_ year period.

\_\_\_ My first pledge payment of \$ \_\_\_\_\_ is enclosed.

Please mail a pledge reminder to me: annually \_\_\_ monthly \_\_\_ quarterly \_\_\_ semi-annually \_\_\_ other \_\_\_\_\_

I would like to contribute a gift in-kind: \_\_\_\_\_

## *Memory/Honor:*

My donation is in memory of: \_\_\_\_\_

My donation is in honor of: \_\_\_\_\_

Please mail an acknowledgement to: (name) \_\_\_\_\_

(address) \_\_\_\_\_

Public Recognition: Acknowledge this commitment? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please make checks payable to the **VetFund** and return or fax the completed form to:

California Department of Veterans Affairs/ VetFund  
1227 O Street, Rm 314, Sacramento, CA 95814. Telephone: 916.503.8095; **FAX: 916.653.2291**

Email: [roz.jauregui@cdva.ca.gov](mailto:roz.jauregui@cdva.ca.gov)